

GREENFIELD

NAME OF CITY OR TOWN

Fiscal Year _____

VETERAN**APPLICATION FOR STATUTORY EXEMPTION**

General Laws Chapter 59, Section 5

THIS APPLICATION IS NOT OPEN TO PUBLIC INSPECTION

(See General Laws Chapter 59, Section 60)

Must be filed with Board of Assessors on or before December 15 or 3 months after actual (not preliminary) tax bills are mailed for fiscal year if later.

INSTRUCTIONS. Complete all sections fully. Please print or type.**A. IDENTIFICATION**

Name of Applicant _____

Marital Status _____ Phone Number _____

Legal Residence (Domicile) on July 1, _____

Mailing Address (If different) _____

Location of Property _____ No. of Dwelling Units _____

Did you own the property on July 1, _____ ? Yes ☐ No ☐If yes, were you: Sole Owner ☐ Co-Owner with Spouse Only ☐ Co-Owner with Others ☐Was the property subject to a trust as of July 1, _____ ? Yes ☐ No ☐

(If yes, attach trust instrument including all schedules.)

Have you been granted any exemption in any other city or town for this year ? Yes ☐ No ☐

If yes, name of city or town _____ Amount exempted \$ _____

DISPOSITION OF APPLICATION (ASSESSORS' USE ONLY)

_____ Ownership	_____ GRANTED	Assessed Tax _____
	_____ DENIED	Exempted Tax _____
_____ Occupancy	_____ DEEMED DENIED	Adjusted Tax _____

_____ Status Date Voted/Deemed Denied _____ BOARD OF ASSESSORS

Certificate No. _____

Date Cert./Notice Sent _____

Exemption : Clause _____

Date _____

FILING THIS FORM DOES NOT STAY THE COLLECTION OF YOUR TAXES

B. EXEMPTION STATUS. Check the status that applies to you and complete the questions that follow.

☐ VETERAN Veterans Name: _____

☐ VETERAN'S SPOUSE Deceased Veteran's Name: _____

☐ VETERAN'S SURVIVING SPOUSE/PARENT (If first year of application, attach copy of death certificate.)

Deceased Veteran's Name _____

Date Enlisted/Inducted _____ Date Discharged _____

Type of Discharge _____ (If first year of application, attach copy of discharge papers.)

Military Decorations or Award: _____

Did the veteran live in Massachusetts at least 6 months prior to entering the service? Yes ☐ No ☐

If no, list the places and dates where the veteran was domiciled during the last 6 years.

Address	Dates
_____	_____
_____	_____
_____	_____

Was the veteran killed during military service? Yes ☐ No ☐

If yes, date of death _____

If yes, and you are surviving spouse, have you remarried? Yes ☐ No ☐

Does the veteran have a war-service connected disability? Yes ☐ No ☐

If yes and first year of application, attach Veterans Administration Certificate of Disability. **If yes and exemption granted previously, attach certificate only if disability is 100% or has changed.**

Has the veteran acquired "specially adapted housing"? Yes ☐ No ☐

Is the veteran capable of working? Yes ☐ No ☐

Is the veteran a paraplegic? Yes ☐ No ☐

C. SIGNATURE. Sign here to complete the application.

This application has been prepared or examined by me. Under the pains and penalties of perjury, I declare that to the best of my knowledge and belief, it and all accompanying documents and statements are true, correct and complete.

Your Signature

Date

If signed by agent, attach copy of written authorization to sign on behalf of taxpayer.